

# Michigan Early Hearing Detection and Intervention (EHDI) Program Out of Hospital Birth Hearing Screening Report

**Fax To: (517) 335-8036 or Mail To:**  
MDCH-Early Hearing Detection and Intervention  
P.O. Box 30195  
Lansing, MI 48909

Child's Last Name: _____	Child's First Name: _____
Birth Date: _____	Kit #: _____
Midwife Responsible for birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female    Twin: <input type="checkbox"/> A <input type="checkbox"/> B
Mother's Last Name: _____	Mother's First Name: _____
Address: _____	Phone: (____) _____
City: _____	State: _____ ZIP: _____
Primary Care Provider: _____	Phone: (____) _____
Medical Record Number: _____	Fax: (____) _____

Did baby have a metabolic (blood spot) screen? ☐ Yes ☐ No

## Initial Screening Results

Date: \_\_\_\_\_ Type of Screen: A-ABR

Results:    **Right Ear**   ☐ Pass   ☐ Fail/Refer    **Left Ear**   ☐ Pass   ☐ Fail/Refer

## Rescreen Results

(Recommended within 1 month of age)

Date: \_\_\_\_\_ Type of Screen: A-ABR

Results:    **Right Ear**   ☐ Pass   ☐ Fail/Refer    **Left Ear**   ☐ Pass   ☐ Fail/Refer

*Undiagnosed congenital hearing loss has been documented to negatively impact language, academic and social development in children. Newborn hearing screening is the first step to early diagnosis and intervention of hearing loss. The goal is not to "pass every baby" but to identify those who need further testing to rule out hearing loss. This can only be accomplished if all babies who refer twice go for a full diagnostic evaluation.*

Date diagnostic evaluation scheduled: \_\_\_\_\_ Where: \_\_\_\_\_

## Assessment Site Information

Test performed by: \_\_\_\_\_ Site Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**For questions, contact Nan Asher at phone: (517) 335-8273 or email: AsherN@michigan.gov.**